

District of Columbia DMH Compliance Community of Practice

The Psychiatric Rehab Process and
Community Support's Role

Goals and Objectives

- In psychiatric rehabilitation recovery goals generally relate to roles in one or more environments (development or redevelopment):
 - Living
 - Learning
 - Working
 - Socializing
- This is the reason for the domain based assessment.

Payer Outcomes

- Productive days in the community (as defined by each individual)
- Satisfaction surveys
- Overall participant self-reports about personal recovery achievement and satisfaction

Rehab Readiness Process

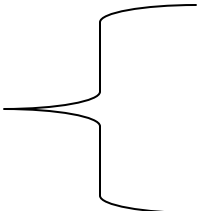
- Rehab readiness: determine or build
 - The individual recognizes a need for change either based on low functioning in a desired environment or personal dissatisfaction with functioning
 - The individual wants to change and sees it as necessary and possible
 - They are open to developing relationships, including a treatment relationship
 - They have some self-awareness
 - They have some awareness of different environments
- Development of a rehabilitative goal
 - Environment specific
- Assessment: strengths, deficits – skills and resources

Process continued

- Planning
 - Skill development
 - Skill performance
 - Resource development: coordination and modification/creation
- Interventions:
 - Skill development
 - Skill performance
 - Resource development
- Evaluation

Stages of Recovery

- Psych Rehab:



Rehab readiness assessment—ready to move on or not; ready for change; self awareness and awareness of choices—cognitive process (cog)

Rehab readiness development (cog)



Choosing a valued role (cog)

Functional and resource assessments

Treatment Planning: including research on what skills and what functionality—goal development (cog./beh)



Active skill building and resource development—teaching skill

Relapse prevention (beh)

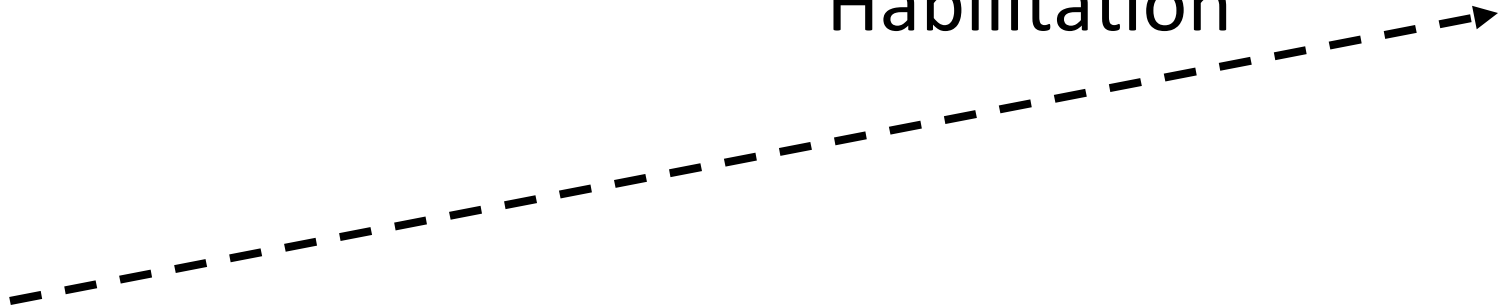
Recycling(beh)

Note:

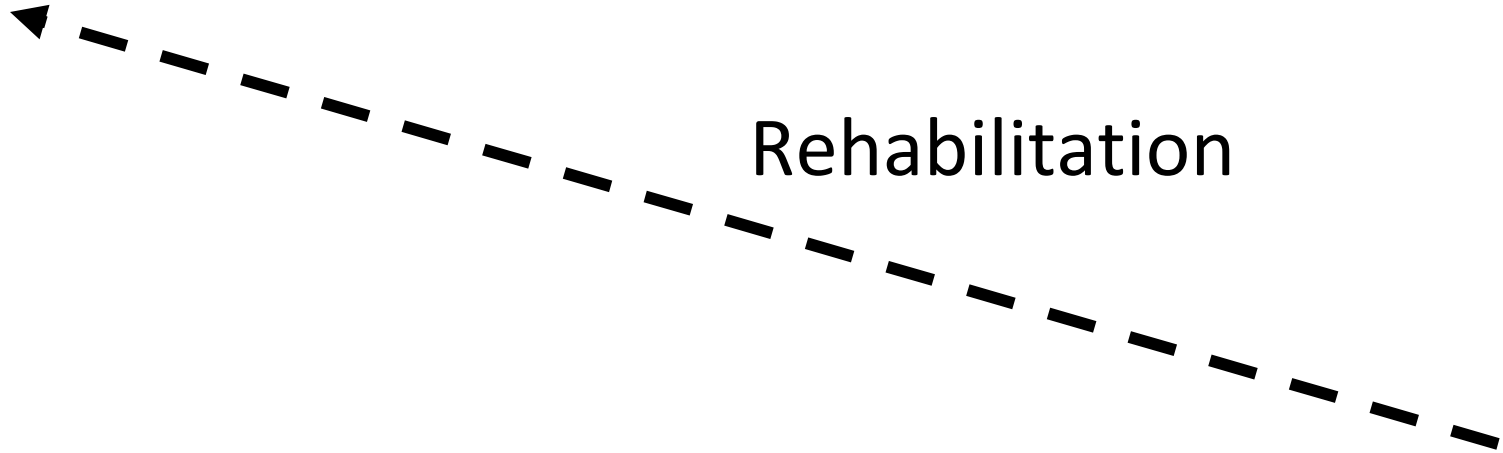
- The first three steps are cognitive
- The next is cognitive/behavioral
- Then you move into more behavioral changes

Habilitation vs Rehabilitation

Habilitation



Rehabilitation



Community Supports

- Skill building and resource development
 - Expect an organized, diligent and focused approach to these two services in support always of a recovery/rehabilitative goal
- Expectation for greater independence and stronger potential within an identified community

Community Support Worker

- One individual who both brokers services and supports and also teaches the client how to (using those services and supports) become more independent of the mental health system.
- DC definition is clear on the latter but weak on the former.
 - In psych rehab the function is more focused on the development of resources and not simply linkage and referral related activities

Resource Creation/Modification

- Goes beyond simple referral, linkage and advocacy
- Creation of resources: bringing family back into clients life for specific supports; helping client figure out how to use friends to support med compliance; developing a system of supports that will allow the client to shop by themselves
- Why does Medicaid pay?

What are medically necessary skills/linkages and supports?

- Where lack of skills/supports are interfering with:
 - Ability to engage in treatment?
 - Ability to manage daily living tasks?
 - Ability to manage or attain desired life roles?
 - Ability to attend training, school, work?
 - Ability to manage medical and other necessary appointments?

Skill building and Resource Development

- Skill building may start at beginning but generally those skills needed to participate in community support, to use services appropriately, to understand the process.
- Skill building for families again must wait for cognitive changes before moving into behavioral
- Resource Development
 - Maslow's Hierarchy
 - May start with more directive approaches to finding and using resources
 - Should then move to more interactive, independent use of resources, backed up by skill building.